## CITY OF AUBURN DEPARTMENT OF PUBLIC WORKS BUILDING DIVISION

LAND CLEARING PERMIT APPLICATION			BUILDING DIVISION	PHONE: 931-3010
DATE SUBMITTED	PROJE	CT NAME	APPLICATION NO.	
OWNER:		PHONE/HM	PHONE/WK	
ADDRESS		CITY/ST/ZIP		
CONTRACTOR:		PHONE	PHONE/PRJ	
ADDRESS		CITY/ST/ZIP		
STATE CONTRACTOR'S		DEPT. OF REVENUE	INDUSTR	RIAL INSURANCE
REGISTRATION NO.		SALES TAX NO.	ACCOUN	T NO.
ENGINEER:		PHONE		
ADDRESS		CITY/ST/ZIP		
SITE ADDRESS:		PARCEL NO. REQUIRE	ED:	
LEGAL DESCRIPTION:				
DESCRIPTION OF WORK:				
ESTIMATE COMPLETION DATECY		SOIL CLASSIFICATION	ENG GEOL RPT BY	
AREA OF CLEARING	SF	MAX. EXISTING SLOPE		
DISTURB VEG MAT YES	NO	MAX. FINISHED SLOPE		
# OF TREES > 6" REMOVED VALUE		SOIL RPT BY	PROJECT	
NOTE:				
relate to the above project. 2) Check with U.S. Army Corps of E 3) Permits are non-transferable. 4) WHERE MORE THAN 20 TREES SUBMITTED FOR APPROVAL F	Engineers for S WILL BE I	possible permit requirements.  HAULED AWAY FROM THE SITE TO SSUANCE OF THE LAND CLEARING		SHALL BE
I CERTIFY THAT THE INFORMATION REQUIREMENTS WILL BE MET.	ON FURNISI	HED BY ME IS TRUE AND CORREC	CT AND THAT THE APPLICABLE CITY OF A	UBURN
OWNER/AGENT:			RECEIVED	
BY				
NAME		TITLE		
PRINT NAME:				
DATE:				

REF. H:\FORMS\FB013\3-95